

Occipital nerve entrapment treatment

For idiopathic [occipital neuralgia](#): available evidence is from small, retrospective, case series studies and is insufficient to conclude that either local injection or surgery is effective. Nerve blocks with steroids and local anesthetics provide only temporary relief. Surgical procedures such as nerve root decompression or neurectomy may provide effective pain relief for some patients; however, patient-selection criteria for these procedures have not been defined, and recurrence is common.

In idiopathic cases with no neurologic deficit, the condition is usually self-limited.

Non surgical treatment

1. greater occipital nerve block with local anesthetic and steroids
 - a) may provide relief typically lasting \approx 1month
 - b) is no longer considered diagnostic because it is not sufficiently specific
2. physical therapy: massage and daily stretching exercises
3. TENS unit: provided \geq 50% relief in 13 patients for up to 5 yrs
4. oral anti-inflammatory agents
5. centrally acting pain medications: Neurontin, Paxil, Elavil...
6. botulinum toxin injection: although this study had quite a few placebo responders If these measures do not provide permanent relief in disabling cases, surgical treatment may be considered, although caution is advised by many due to poor results. Alcohol neurolysis may be tried. A collar is not indicated as it may irritate the condition.

Occipital nerve block

see [Occipital nerve block](#).

Surgical treatment

1. decompression of C2 nerve root if compressed between C1 and C2
2. in cases of AAS, decompression and atlantoaxial fusion may work

Surgical treatment options for idiopathic occipital neuralgia:

1. peripheral occipital nerve procedures: these may not be effective for proximal compression of the C2 root or ganglion:

a) occipital neurectomy

● peripheral avulsion of the nerve

● avulsion of the greater occipital nerve as it exits between the transverse process of C2 and the inferior oblique muscle

b) alcohol injection of greater occipital nerve

2. occipital nerve stimulators

3. release of the nerve within the trapezius muscle. Immediate results: relief in 46%, improvement in 36%. Only 56% reported improvement at 14.5 mos

4. intradural division of the C2 dorsal root via a posterior intradural approach

5. ganglionectomy

see [Occipital neurectomy](#)

Radiofrequency ablation of the C2 dorsal root ganglion and/or third occipital nerve can provide many months of greater than 50% pain relief in the vast majority of recipients with an expected length of symptom improvement of 5-6 months ¹⁾.

¹⁾

Hamer JF, Purath TA. Response of cervicogenic headaches and occipital neuralgia to radiofrequency ablation of the C2 dorsal root ganglion and/or third occipital nerve. Headache. 2014 Mar;54(3):500-10. doi: 10.1111/head.12295. Epub 2014 Jan 16. PubMed PMID: 24433241.

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